



Complete Summary

GUIDELINE TITLE

Criteria for cervical surgery related to entrapment of a single cervical nerve root.

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Criteria for cervical surgery related to entrapment of a single cervical nerve root. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 1 p.

COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Entrapment of a single cervical nerve root

GUIDELINE CATEGORY

Evaluation
Treatment

CLINICAL SPECIALTY

Neurological Surgery
Neurology
Orthopedic Surgery

INTENDED USERS

Health Care Providers
Health Plans

Physicians
Utilization Management

GUIDELINE OBJECTIVE(S)

To present guidelines for cervical surgery related to entrapment of a single cervical nerve root in the injured worker

TARGET POPULATION

The injured worker with entrapment of a single cervical nerve root

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation (Criteria for Surgery)

1. Documentation of failure of patient to improve with conservative care (e.g., physical therapy, nonsteroidal anti-inflammatory drug [NSAIDs], cervical traction)
2. Evaluation of subjective clinical findings (sensory symptoms in a dermatomal distribution)
3. Evaluation of objective clinical findings (dermatomal sensory deficit, motor deficit, reflex changes, positive electromyogram findings)
4. Imaging studies (computed tomography [CT] scan, magnetic resonance imaging [MRI], myelogram)

Surgical Treatment

1. Cervical laminectomy, discectomy, or laminotomy
2. Cervical foraminotomy with or without fusion, excluding fracture

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches of the U.S. National Library of Medicine's Medline database to identify data related to the injured worker population.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Consensus development has generally taken place between the permanent members of the subcommittee (orthopedic surgeon, physiatrist, occupational medicine physician, neurologist, neurosurgeon) and ad hoc invited physicians who are clinical experts in the topic to be addressed. One hallmark of this discussion is that, since few of the guidelines being discussed have a scientific basis, disagreement on specific points is common. Following the initial meeting on each guideline, subsequent meetings are only attended by permanent members unless information gathering from invited physicians is not complete.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Following input from community-based practicing physicians, the guideline was further refined.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary. The recommendations that follow are based on the previous version of the guideline.

Criteria for Cervical Surgery Related to Entrapment of a Single Cervical Nerve Root

PROCEDURE	CONSERVATIVE CARE	Clinical Finding			
			SUBJECTIVE		OBJECT
CERVICAL LAMINECTOMY DISCECTOMY LAMINOTOMY FORAMINOTOMY WITH OR WITHOUT FUSION, EXCLUDING FRACTURE	6-8 weeks minimum For example: <ul style="list-style-type: none"> • physical therapy • non-steroid anti-inflammatory agents • cervical traction 	AND	Sensory symptoms in a dermatomal distribution (could include: radiating pain, paresthesia, tingling, burning or numbness)	AND	Dermal sensory deficit OR Motor deficit OR Reflex change OR Positive EMG

PROCEDURE	CONSERVATIVE CARE	Clinical Finding			
			SUBJECTIVE		OBJECT
<p>Cases to be referred to a physician advisor:</p> <ul style="list-style-type: none">• Repeat surgery at same level• Request for surgery at the C3-4 level• Requests for surgery with signs and symptoms indicating myelopathy					
When requesting authorization for decompression of multiple level nerve roots, each level					

Abbreviations: CT, computed tomography; EMG, electromyogram; MRI, magnetic resonance imaging

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

The recommendations were developed by combining pertinent evidence from the medical literature with the opinions of clinical expert consultants and community-based practicing physicians. Because of a paucity of specific evidence related to the injured worker population, the guideline is more heavily based on expert opinion.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The (surgical) guidelines are meant to increase the proportion of surgical requests authorized for workers who truly require surgery and to decrease the proportion of such authorizations among workers who do not fall within the guideline.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The Office of the Medical Director works closely with the provider community to develop medical treatment guidelines on a wide range of topics relevant to injured workers. Guidelines cover areas such as lumbar fusion, indications for lumbar magnetic resonance imaging (MRI), and the prescribing of controlled substances. Although doctors are expected to be familiar with the guidelines and follow the recommendations, the department also understands that guidelines are not hard-and-fast rules. Good medical judgment is important in deciding how to use and interpret this information.
- The guideline is meant to be a gold standard for the majority of requests, but for the minority of workers who appear to fall outside of the guideline and whose complexity of clinical findings exceeds the specificity of the guideline, a further review by a specialty-matched physician is conducted.
- The guideline-setting process will be iterative; that is, although initial guidelines may be quite liberally constructed, subsequent tightening of the guideline would occur as other national guidelines are set, or other scientific evidence (e.g., from outcomes research) becomes available. This iterative process stands in contrast to the method in some states of placing guidelines in regulation. Although such regulation could aid in the dissemination and quality oversight of guidelines, flexibility in creating updated guidelines might be limited.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

All of the surgical guidelines established by the Department of Labor and Industries in collaboration with the Washington State Medical Association (WSMA) have been implemented in the context of the Utilization Review (UR) program (complete details regarding the Utilization Review program can be found on the [Washington State Department of Labor and Industries Web site](#)). It has been critical in contract negotiations with UR vendors to specify that the vendor is willing to substitute WSMA-generated guidelines for less specific standards already in use by the company. The Department of Labor and Industries initiated an outpatient UR program, and this has allowed full implementation of guidelines related to outpatient procedures (e.g., carpal tunnel surgery, magnetic resonance imaging [MRIs]). The scheduled drug use guideline has been used internally, but has not been formally implemented in a UR program.

The intention of the joint Department of Labor and Industries and WSMA Medical Guidelines Subcommittee was to develop treatment guidelines that would be implemented in a nonadversarial way. The subcommittee tried to distinguish between clear-cut indications for procedures and indications that were questionable. The expectation was that when surgery was requested for a patient with clear-cut indications, the request would be approved by nurse reviewers. However, if such clear-cut indications were not present, the request would not be automatically denied. Instead, it would be referred to a physician consultant who

would review the patient's file, discuss the case with the requesting surgeon, and make recommendations to the claims manager.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Washington State Department of Labor and Industries. Criteria for cervical surgery related to entrapment of a single cervical nerve root. Olympia (WA): Washington State Department of Labor and Industries; 2002 Aug. 1 p.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1991 May (revised 1999 Jun; republished 2002 Aug)

GUIDELINE DEVELOPER(S)

Washington State Department of Labor and Industries - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

Washington State Department of Labor and Industries

GUIDELINE COMMITTEE

Washington State Department of Labor and Industries (L&I), Washington State Medical Association (WSMA) Industrial Insurance Advisory Section of the Interspecialty Council

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Medical Director, Washington State Department of Labor and Industries (L&I): Gary Franklin, MD

The individual names of the Washington State Medical Association (WSMA) Industrial Insurance Advisory Committee are not provided in the original guideline document.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This guideline has been updated. The National Guideline Clearinghouse (NGC) is working to update this summary.

GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Not available at this time.

Print copies: L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

AVAILABILITY OF COMPANION DOCUMENTS

This guideline is one of 16 guidelines published in the following monograph:

- Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 2002 Aug. 109 p.

Also included in this monograph:

- Grannemann TW (editor). Review, regulate, or reform? What works to control workers' compensation medical costs? In: Medical treatment guidelines. Olympia (WA): Washington State Department of Labor and Industries, 1994 (republished 2002). p. 3-19.

Electronic copies: Available from the [Washington State Department of Labor and Industries Web site](#).

The following is also available:

- Washington State Department of Labor and Industries. Utilization Review Program. New UR Firm. (Provider Bulletin: PB 02-04). Olympia (WA): Washington State Department of Labor and Industries; 2002 Apr. 12 p.

Print copies are available from the L&I Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, Washington 98504-4843.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on February 14, 2000. It was sent to the guideline developer for review on February 15, 2000; however, to date, no comments have been received. The guideline developer has given NGC permission to publish the NGC summary. This summary was updated by ECRI on May 27, 2004. The information was verified by the guideline developer on June 14, 2004.

COPYRIGHT STATEMENT

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